

Registration District No. 180

Primary Registration District No. 6025

Registrar's No. 24

FILED JUN 11 1941

## 1. PLACE OF DEATH:

- (a) County St. Genevieve  
 (b) City or town St. Genevieve, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

## 3. (a) PRINT FULL NAME

Catherine Boehk

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

F

## 5. Color or

race W6. (a) Single, widowed, married,  
divorced Widowed

## 6. (b) Name of husband or wife

John Boehk

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Birth date of deceased

(Month)

(Day)

(Year)

Nov 15 1864

## 8. AGE:

Years

Months

Days

If less than one day

76610

hr.

min.

## 9. Birthplace

Wainigarten, W. Mo.  
(City, town, or county) (State or foreign country)

## 10. Usual occupation

at home

## 11. Industry or business

MOTHER FATHER

## 12. Name

Lawrence J. Kersch

## 13. Birthplace

Germany  
(City, town, or county) (State or foreign country)

## 14. Maiden name

Josephine Zischalta

## 15. Birthplace

Germany  
(City, town, or county) (State or foreign country)

## 16. (a) Informant's own signature

Lois Miller

## (b) Address

Wainigarten, Mo.

## 17. (a)

burial  
(Burial, cremation, or removal)

## (b) Date thereof

May 27 1941  
(Month) (Day) (Year)

## (c) Place: burial or cremation

Wainigarten, Mo.

## 18. (a) Signature of funeral director

Joseph H. ...

## (b) Address

St. Genevieve, Mo.

## 19. (a)

May 26 41  
(Date received local registrar)

## (b)

Tom Douglas  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Mo
- (b) County
- St. Genevieve

- (c) City or town
- Wainigarten, Mo.
- 
- (If outside city or town limits, write "RURAL")

- (d) Street No. \_\_\_\_\_
- 
- (If rural, give location)
- 0

- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- May
- day
- 25
- 
- year
- 1941
- hour
- 3
- minute
- A.M.

21. I hereby certify that I attended the deceased from
- 
- Dec 15
- , 19
- 39
- , to
- May 25
- , 19
- 41
- ;
- 
- that I last saw her alive on
- May 20
- , 19
- 41
- ;
- 
- and that death occurred on the date and hour stated above.

## Immediate cause of death

Arterio sclerosis

## Duration

4 yrsDue to Chronic Myo Carditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_

- (b) Date of occurrence \_\_\_\_\_

- (c) Where did injury occur? \_\_\_\_\_
- 
- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

760  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature
- Arthur E. ...
- (M. D. or other)
- M.D.

Address St. Genevieve, Mo. Date signed 5-26-41

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Jerome S. Frank*

Licensed Embalmer No. *3817*

P. O. Address *St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**